



**REQUEST FOR VARIANCE FROM CHAPTER 511 OF THE INDIANAPOLIS  
AIR POLLUTION CONTROL ORDINANCE**

Upon review of the guidelines, please complete the following and return to the City of Indianapolis Bureau of Environmental Services, 1200 Madison Avenue, Suite 100, Indianapolis, Indiana 46225 (or FAX 317-327-2274), 20 days prior to the proposed burning date. A complete list of names and addresses of all the parties within 500 feet of the burning site and any other interested persons should accompany the application.

**Property Owner Requesting Variance:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Site Location:**

Address: \_\_\_\_\_ Township: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Project Burning Date & Time: (Must be between 10:00a.m. and 7:00p.m.) \_\_\_\_\_

Alternative Date and Time: \_\_\_\_\_

Size of Pile: \_\_\_\_\_

Type of Material: \_\_\_\_\_

If fence row, type of fence (wood, metal, etc.): \_\_\_\_\_

Distance to nearest structure(s) or combustible material (30 ft. minimum required): \_\_\_\_\_

Type of Extinguishment: \_\_\_\_\_

State reason why alternative methods of disposal would not be feasible:

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Please refer to the attached for other restrictions. If you have any questions, please call the City of Indianapolis Bureau of Environmental Services at (317) 327-2236.

**Rev. 08/10**

## IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_
6. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_
7. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

### ADDRESS OF SITE:

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Attach additional pages if needed.